	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 029 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com in thirty (30) days after the time preso penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2020		
1. ID No. <u>001674344</u>	<u>1</u>		
2. Exact Name of the Lin SPECIALISTS, L.L.C.	mited Liability Company <u>OCEAN</u>	STATE FOOT AND ANKI	<u>_E</u>
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found	-	ty. Download
<u>621391</u>			
4. Brief Description of th	e Character of the Business Whicl	n is Actually Conducted in Rh	ode Island
PODIATRY MEDICAL TO PATIENTS INCLUDIN	OFFICE TO PROVIDE ALL AS	PECTS OF FOOT AND AN	<u>KLE CARE</u>
5. Principal Office Addre	SS		
No. and Street: <u>20 CU</u> <u>SUITE</u>	MBERLAND HILL ROAD		
City or Town: WOO	NSOCKET	State: <u>RI</u> Zip: <u>02895</u> Co	untry: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Nam	e or Title of Contact Person:	
	<u>ARWAL</u> Contact Title: <u>MEMBER</u> BERLAND HILL ROAD, SUITE	210	
City or Town: WOONS		State: <u>RI</u> Zip: <u>02895</u> 0	Country: USA
7. Name and Address of DO NOT LIST MEMBEI	Each Manager of the Limited Lial RS	bility Company, if Applicable.	
Title	Individual Name	Address	

First, Middle, Last, Suffix

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DANIEL P. CARTER 222 JEFFERSON BOULEVARD WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 5 Day of November, 2020 at 10:19:49 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>DANIEL PAUL CARTER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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